

Attorney Docket No.: SONY-50N3505

2/1/3:

NADENAL IN THE UNITED STATES PATENT AND TRADEMARK OFFICE									
I hereby of bearing F of deposit	irst Class P	his trar Postage	nsmittal of the below des e and addressed to the C	cribed docum Commissioner	nent is being d for Patents P.	eposited with the Unite O. Box 1450, Alexandr	d States Postal Service in an envelope ia, VA 22313-1450, on the below date		
Date of Deposit:	03/12/	/04	Name of Person Making the Deposit:	SAVANAH	MENDOZA	Signature of the Personal Making the Deposit:			
In re Ap	oplication	n of: J	lun Maruo and Ats	ushi Kaga	mi	2			
Serial I	No.: 09/5	538,5	.17		Examiner:	BOWES, Sara E			
Filed: (03/29/00)			Art Unit: 2	171			
Confirm	nation No	o.: 66	696						
For: A	METHOD) ANI	SYSTEM FOR A	SECURE	HIGH BAN	DWIDTH BUS IN	A TRANSCEIVER DEVICE		
	issioner f		atents				RECEIVED		
P.O. Be Alexan	MAR 1 9 2004								
						RANSMITTAL	Technology Center 2100		
1.	Transm	nitted	herewith is an am	endment f	or this appl	ication	0 ,		
Tr	(18 ansmitte	she	eets)			for the above idea te formal drawing	ntified patent application. gs.		
	ther:								
2.	Applica	nt is	other than a small	entity					
				Exte	nsion of	Term			
3.	The pro	oceed	lings herein are fo	r a patent	application	and the provision	ns of 37 C.F.R. 1.136 apply.		
(a)	[X]	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
			Extension [X] one months [] two months [] three mont [] four month	s hs	\$1 \$4 \$9	<u>ee</u> 10.00 20.00 50.00 ,480.00			
					<u>F</u>	ee \$110.00	<u>.</u>		
If an ac	ditional	exter	nsion of time is req	uired, plea	ase conside	er this a petition th	nerefor.		
(b)	[]	bein		for the po	ssibility the		wever, this conditional petition is nadvertently overlooked the		

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims		- 44 =		x \$18.00	\$0.00					
Independent Claims		- 4 =		x \$86.00	\$0.00					
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [x] Deposit Account in the amount of \$110.00

3/12/04

[X] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP
Two North Market Street, Third Floor

San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date:

By: Glenn D. Barnes

Reg. No. 42,293